

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the **INSTRUCTIONS FOR FILING NOTIFICATION** before completing this form. The information requested herein is required by law (**Section 3010 of the Resource Conservation and Recovery Act**).

### III LOCATION OF INSTALLATION

418772

PLEASE PLACE LABEL IN THIS SPACE

**COMMENTS**

[illegible]

INSTALLATION'S EPA I.D. NUMBER																APPROVED			DATE RECEIVED (yr., mo., & day)							
3	F	M	I	D	O	4	8	0	7	7	1	0	1	TIN C							8	0	0	7	1	1
														21												

000020

ALBAR INDUSTRIES INC

STREET OR P.O. BOX

[illegible]

780. Whitney  
Lapier, 48446

STREET OR ROUTE NUMBER

C		5 1 1 3 5 R O C H E S T E R 2 0																								48			
15 16		CITY OR TOWN																								ST.		ZIP CODE	
C		6 T R O Y																								M 1		4 8 0 8 4	
13 14		20 41 42 43																								44		45	

667-0150

NAME AND TITLE (last, first, &amp; job title)

2	M	A	L	O	P	D	L	S	K	I	S	T	A	N	L	E	Y	S	E	C	T	R	E	A	S	3	1	3	<del>5</del>	<del>8</del>	<del>3</del>	<del>1</del>	<del>8</del>	<del>1</del>	<del>6</del>
18																								11	22	33	44	55	66	77	88	99			

A. NAME OF INSTALLATION'S LEGAL OWNER

[illegible]

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F - FEDERAL M - NON-FEDERAL	M	<input checked="" type="checkbox"/> A. GENERATION	<input type="checkbox"/> B. TRANSPORTATION (complete item VII)
		<input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR    ☐ B. RAIL    ☒ C. HIGHWAY    ☐ D. WATER    ☐ E. OTHER (specify):

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

<input checked="checked" type="checkbox"/> A. FIRST NOTIFICATION	<input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C)	<div style="border: 1px solid black; padding: 2px;">         C. INSTALLATION'S EPA I.D. NO.       </div> <div style="border: 1px solid black; padding: 2px; font-family: monospace; font-size: 1.2em;">         M10048077101       </div>
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Please go to the reverse of this form and provide the requested information.

1.3. - FOR OFFICIAL USE ONLY														
W	M	I	D	0	4	8	0	7	7	1	0	1	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

# IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
7	8	9	10	11	12
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
19	20	21	22	23	24
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
25	26	27	28	29	30
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
37	38	39	40	41	42
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26
43	44	45	46	47	48
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
23 - 26	23 - 26	23 - 26	23 - 26	23 - 26	23 - 26

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☐ 2. CORROSIVE  
(D002)

☐ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE Stanley Malogolski	NAME & OFFICIAL TITLE (type or print) SEC X TREAS	DATE SIGNED 7/8/80
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